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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	221612001002
	First Inventor	Scott K. PALM
	Title	PERLITE PRODUCTS WITH CONTROLLED PARTICLE SIZE DISTRIBUTION
	Express Mail Label No.	EV336627807US

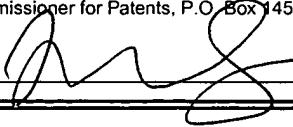
<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO:	MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing) (original + 1 copy for fee processing (2 pages total))</i>	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>	8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
3. <input checked="" type="checkbox"/> Specification <span style="border: 1px solid black; padding: 2px;">[Total Pages 36]</span> <i>(preferred arrangement set forth below)</i>	a. <input type="checkbox"/> Computer Readable Form (CRF)
	b. Specification Sequence Listing on:
	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper
	c. <input type="checkbox"/> Statements verifying identity of above copies
<b>ACCOMPANYING APPLICATION PARTS</b>	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="border: 1px solid black; padding: 2px;">[Total Sheets 1]</span>	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. Oath or Declaration <span style="border: 1px solid black; padding: 2px;">[Total Sheets 2]</span>	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
a. <input type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations (6 pages total)
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i>	13. <input checked="" type="checkbox"/> Preliminary Amendment (4 pages)
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (3 Pages)	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 10/268,573	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. <input type="checkbox"/> Other: _____	

Prior application information: Examiner <u>D. Brunsman</u> Art Unit: <u>1755</u>	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number: <u>25226</u>		OR <input type="checkbox"/> Correspondence address below			
Name _____					
Address _____					
City _____	State _____	Zip Code _____			
Country _____	Telephone _____	Fax _____			
Name (Print/Type)	<u>Jill A. Jacobson</u>		Registration No. (Attorney/Agent)	40,030	
Signature	<u>Jill A. Jacobson</u>		Date	November 12, 2003	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV336627807US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 11/13/03Signature: 

(Tamara Alcaraz)

16834 10/713748



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# FEE TRANSMITTAL

## for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

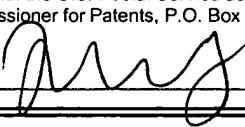
TOTAL AMOUNT OF PAYMENT (\$ 770.00)

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Scott K. PALM
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assigned
Attorney Docket No.	221612001002

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <span style="border: 1px solid black; padding: 2px;">03-1952</span> Deposit Account Name <span style="border: 1px solid black; padding: 2px;">Morrison &amp; Foerster LLP</span>					<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> </tbody> </table> <p>1051 130 2051 65 Surcharge – late filing fee or oath          1052 50 2052 25 Surcharge – late provisional filing fee or cover sheet.</p> <p>1053 130 1053 130 Non-English specification</p> <p>1812 2,520 1812 2,520 For filing a request for ex parte reexamination</p> <p>1804 920* 1804 920* Requesting publication of SIR prior to Examiner action</p> <p>1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action</p> <p>1251 110 2251 55 Extension for reply within first month</p> <p>1252 420 2252 210 Extension for reply within second month</p> <p>1253 950 2253 475 Extension for reply within third month</p> <p>1254 1,480 2254 740 Extension for reply within fourth month</p> <p>1255 2,010 2255 1,005 Extension for reply within fifth month</p> <p>1401 330 2401 165 Notice of Appeal</p> <p>1402 330 2402 165 Filing a brief in support of an appeal</p> <p>1403 290 2403 145 Request for oral hearing</p> <p>1451 1,510 1451 1,510 Petition to institute a public use proceeding</p> <p>1452 110 2452 55 Petition to revive – unavoidable</p> <p>1453 1,330 2453 665 Petition to revive - unintentional</p> <p>1501 1,330 2501 665 Utility issue fee (or reissue)</p> <p>1502 480 2502 240 Design issue fee</p> <p>1503 640 2503 320 Plant issue fee</p> <p>1460 130 1460 130 Petitions to the Commissioner</p> <p>1807 50 1807 50 Processing fee under 37 CFR 1.17(q)</p> <p>1806 180 1806 180 Submission of Information Disclosure Stmt</p> <p>8021 40 8021 40 Recording each patent assignment per property (times number of properties)</p> <p>1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))</p> <p>1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))</p> <p>1801 770 2801 385 Request for Continued Examination (RCE)</p> <p>1802 900 1802 900 Request for expedited examination of a design application</p> <p>Other fee (specify) _____</p>					Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																							
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					SUBTOTAL (3) (\$ 0.00)																																			
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**or number previously paid, if greater; For Reissues, see above																																								

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Jill A. Jacobson	Registration No. (Attorney/Agent)	40,030	Telephone (650) 813-5876
Signature	<i>Jill A. Jacobson</i>	Date	November 12, 2003	

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